	m 481 - Carrier Annual Reporting Illection Form		FCC Form 481 OMB Control No. 3060-09 July 2013	986/OMB Control No. 3060-0819
<010>	Study Area Code	411780		
<015>	Study Area Name	HAVILAND TEL CO		
<020>	Program Year	2014		
<030>	Contact Name: Person USAC should contact with questions about this data	Lori Larsh		
<035>	Contact Telephone Number: Number of the person identified in data line <03	620-862-3220 D>		
<039>	Contact Email Address: Email of the person identified in data line <030>	llarsh⊕havilandtelco.com		
ANNUA	L REPORTING FOR ALL CARRIERS			54.313 54.422 Completion Completion Required Required
<100>	Service Quality Improvement Reporting	(complete at	ttached worksheet)	(check box when complete)
<200> <210>	Outage Reporting (voice)	(complete at if no outages to report	ttached worksheet)	<b>√</b>
<310>	Unfulfilled Service Requests (voice)  Detail on Attempts (voice)  Unfulfilled Service Requests (broadband)  Detail on Attempts (broadband)		scriptive document)	✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓ ✓
<410> <420>	Number of Complaints per 1,000 customers (void Fixed Mobile 0.0 Number of Complaints per 1,000 customers (brought Fixed Mobile 0.0 0.0			✓
<510> <600> <610> <700> <710> <800> <900> <1000> <1010>	Service Quality Standards & Consumer Protection 411780ks510 Functionality in Emergency Situations 411780ks610 Company Price Offerings (voice) Company Price Offerings (broadband) Operating Companies and Affiliates Tribal Land Offerings (Y/N)? Voice Services Rate Comparability	(attached des (check to in (attached des (complete a: (complete a: (if yes, complete a: (check to in: (attach des	dicate certification) scriptive document) dicate certification) scriptive document) ttached worksheet) ttached worksheet) ttached worksheet) ttached worksheet) dicate certification) scriptive document)	
<1110>	Terrestrial Backhaul (Y/N)?  Terms and Condition for Lifeline Customers	(complete a	dicate certification) ttached worksheet) ttached worksheet)	, and a
<2000> <2005>	Price Cap Carriers, Proceed to <u>Price Cap Additio</u> Including Rate-of-Return Carriers affiliated with	Price Cap Local Exchange Carriers (check to in	dicate certification) ttached worksheet)	
<3000> <3005>	Rate of Return Carriers, Proceed to ROR Addition	(check to in	dicate certification) ttached worksheet)	

File name: 411780ks310.pdf

# Haviland Telephone Company, Inc. Line 310 – Unfulfilled Voice Telephony Service Requests Resolution

As required in 47 C.F.R. § 54.313(a)(3), the following provides the Company's status on providing service to potential customers in 2012:

There were no unfulfilled service requests in 2012 in the service area in which the Company is designated as an ETC so no further documentation is required.

File name: 411780ks510.pdf

### Haviland Telephone Company, Inc.

### Compliance with Service Quality Standards and Consumer Protection

As required in 47 C.F.R. § 54.313(a)(5) for High-cost Recipients, the following is a detailed description of how the Company complies with Service Quality Standards and Consumer Protection Rules.

**SERVICE QUALITY STANDARDS:** The Company abides by the State Commission's requirements for service quality. All required reporting is done with the Company in full compliance of the service quality standard requirements shown in Exhibit A.

#### CONSUMER PROTECTION RULES:

The Company developed and implemented a Customer Proprietary Network Information ("CPNI") Compliance Manual and has appointed a CPNI Compliance Officer. Annually, the Company requires all employees to certify that they have reviewed and understand the CPNI Compliance Manual and that they understand that any violation of the Company's CPNI procedures may result in disciplinary action up to and including dismissal. The Company files an annual report with the Federal Communications Commission ("FCC") certifying compliance with the FCC's CPNI rules.

The Company also developed and implemented an Identity Theft Prevention Program Manual and has appointed a Red Flag Coordinator. Annually, the Company requires all employees certify that they have reviewed and understand the Identity Theft Prevention Program Manual. Further, employees must certify that they understand that any violation of the Company's identity theft prevention procedures may result in disciplinary action up to and including dismissal.

INSERT STATE QUALITY OF SERVICE RULES HERE

# THE STATE COMMISSION OF THE STATE OF KANSAS

Before Commissioners: Timothy E. McKee, ChairSusan M. Seltsam John Wine

In the Matter of a General Investigation ) in to Universal Service, Docket No. 191,206-UTelecommunications Infrastructure, and Quality of Service.

# **ORDER**

NOW, the above-captioned matter comes for consideration and determination before the State Corporation Commission of the State of Kansas (Commission). Having examined its files and records, and being duly advised in the premises, the Commission finds as follows:

- I. Background
- 1. On August 11, 1994, the Commission issued an Order opening the above-captioned general investigation into universal service, telecommunications infrastructure modernization and quality of service.
- 2. On February 5, 1996, Commission staff (Staff) filed a Motion to Consolidate Issues from Docket No. 191,206-U into the Competition Docket, Docket <sup>190,492-u.</sup> On April 4, 1996, the Commission granted Staff's motion by consolidating all issues from the above-captioned docket, except the quality of service issue, into Docket 190,492-U. Because the quality of service issue involves

many technical and reporting issues, the Commission determined it should remain in the above-captioned docket.

3. On May 17, 1996, Senate Substitute for Substitute for House Bill No. 2718 (1996 Kansas Act) was signed into law. Section 3(l) of the 1996 Kansas Act requires the Commission to "initiate and complete a proceeding to establish

. minimum quality of service

standards which will be equally applicable to all local

exchange carriers and telecommunications carriers in the state" not later than January 1,1997. The 1996 Kansas Act provides for fines between \$100 and \$5,000 for each quality of service violation.

4. On October 2, 1996, the Commission issued an order requesting

comments from facilities-based interexchange carriers regarding how to carry-out House Bill 2728's quality of service provision.

<sub>5.</sub> On November 12, 1996, Southwestern Bell Telephone Company (SWBT) filed a Motion for Leave to file comments in this docket.

. 6. On November 15, 1996, the Commission granted SWBT's's Motion for Leave to file comments.

7. On December 4, 1996, the Commission received a memorandum from Staff summarizing the comments received from AT&T Communications of the Southwest, Inc. (AT&T), MCI, and SWBT. AT&T stated "quality of service standards" should be required only if competitive market forces do not exist. MCI stated "interexchange carriers are currently subjected to the most rigorous quality of service standards imposed by the marketplace -customer choice." SWBT stated

"customer choice is the most effective quality assurance plan for monitoring telecommunications in Kansas."

## II. Discussion

8. Staff agreed with respondents' comments regarding the market's effect on quality of service. Staff stated customers may presently obtain interexchange service from a multitude of interLATA interexchange carriers. Staff also stated Section 6(a) of the 1996 Kansas Act requires that by J u l y 1998,100% of access lines be equipped for equal access service. Staff noted that as of December 1, 1996, close to 100% of the access lines in Kansas were equipped for equal access service. Staff also stated interLATA interexchange carriers have been price deregulated for several years and quality of service has been consistently high as evidenced by the low number of service quality complaints received by the Commission since 1990. Staff also stated the FCC imposes no quality of service standards on interexchange carriers because competition among providers has insured customers receive high quality service. Staff also stated that a majority of service problems occur in either the originating or terminating local exchange carrier's networks and that recently established quality of service standards for local exchange carriers will monitor such problems. <sub>9.</sub> To comply with the 1996 Kansas Act's directive to establish **minimum** quality of service standards, Staff proposed that the following quality assurance standards be established: (1) that interLATA interexchange carriers provide reasonably sufficient and efficient service to their customers as indicated by not

more than four bona fide quality of service complaints received by the Commission in a rolling twelve month period; (2) that upon receipt of more than four such complaints in a rolling twelve month period, the Commission will initiate a service investigation that may result in the imposition of fines, in accordance with Section 3(l) of the 1996 Kansas Act. Staff also proposed that telecommunications carriers that perform local exchange carrier (LEC) functions be subject to the LEC quality of service standards for that part of their network.

# III. Findings & Conclusions

10. The Commission finds and concludes that Staffs recommendation is reasonable. The Commission finds that competition among interLATA interexchange carriers has resulted in high service quality. The Commission also finds and concludes that a majority of all service problems occur in either the originating or terminating local exchange carrier's networks and that recently established quality of service standards for local exchange carriers will monitor such problems. The Commission also finds and concludes that Staffs quality of service standards for interLATA interexchange carriers are reasonable. The Commission finds that interLATA interexchange carriers should provide reasonably sufficient and efficient service to their customers as indicated by not more than four bona fide quality of service complaints received by the Commission in a rolling twelve month period. The Commission further finds and concludes that upon receipt of more than four such complaints per year, the Commission shall initiate a service investigation that may result in the imposition of fines, in accordance with Section

3(I) of the 1996 Kansas Act. The Commission also finds and concludes that telecommunications carriers that perform local exchange carrier (LEC) functions will be subject to the LEC quality of service standards for that portion of their network.

IT IS, THEREFORE, BY THE COMMISSION ORDERED THAT:Quality of service standards for all interLATA interexchange carriers are established as set forth above. Any party may file a petition for reconsideration of this order within fifteen days of the date this order is served. If service is by mail, service is complete upon '>

mailing and three days may be added to the above time frame. The Commission retains jurisdiction over the subject matter and the parties for the purpose of entering such further order or orders as it may deem necessary. BY THE COMMISSION IT IS SO ORDERED.

ed DEC McKee, Chr.; Seltsam, Corn.; Wine, Corn. ORDER

McCONNELL

DIRECTOR

MD

MAILED 3

File name: 411780ks610.pdf

# Haviland Telephone Company, Inc. Line 610 – Functionality in Emergency Situations

As required in 47 C.F.R. § 54.313(a)(6) for all high cost recipients, which includes the Company, and as set forth in 47 C.F.R. § 54.202(a)(2), the following provides a detailed description demonstrating that the Company has the ability to remain functional in emergency situations, including a demonstration that 1) it has a reasonable amount of back-up power to ensure functionality without an external power source, 2) is able to reroute traffic around damaged facilities, and 3) is capable of managing traffic spikes resulting from emergency situations.

**OVERALL RESPONSE TO EMERGENCY SITUATIONS:** The Company has a comprehensive disaster recovery plan (also called a "continuity plan") that was developed and implemented for the Company specifically to deal with emergencies. It has detailed, specific steps that are to be taken for each type of emergency.

**POWER:** In order to function in an emergency, the Company has a combination of batteries and emergency generators. Some locations have permanent emergency generators with fuel tanks; whereas, other locations require a portable generator to be brought to the location to recharge the on-site batteries. The company owns several portable generators that technicians can take out to recharge the batteries. For example, the company's central offices have automatic stand-by generators to run the entire offices. The digital loop carrier ("DLC") sites also have battery back-up.

**REROUTING TRAFFIC AND REDUNDANCY:** The Company has established 100% redundant E-911 trunks and SS-7 routes. In addition, the network was designed with redundancy, wherever possible, especially in the backbone network. Where it is not redundant, the Company has the ability to redirect most backbone traffic. In cases where there is no redundancy, it is due to the extreme cost of a 100% redundant network. For example, the loop to the customer location is typically not redundant, especially for residential customers. This is because it would not be cost effective to build totally separate facilities for the "last mile" to the customer.

**MANAGING TRAFFIC SPIKES:** The Company realizes that when a catastrophe happens, everyone immediately tries to contact friends and family to make certain they are all right. The Company has designed the network to have excess capacity on its backbone network. For example, on Mother's Day, the company handles traffic without the customer receiving the "All Trunks Busy" message which demonstrates the Company's ability to handle peak traffic spikes.

(100) Se	ervice Quality Improvement Reporting		FCC Form 481
Data Co	ollection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	11780	
<015>	Study Area Name	HAVILAND TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Lori Larsh	
<035>	Contact Telephone Number - Number of person identified in data lin	e <030> 620-862-3220	
<039>	Contact Email Address - Email Address of person identified in data lir	e <030> llarsh@havilandtelco	com
<110>	Has your company received its ETC certification from the FCC?	(yes / no )	○ •
<111>	If your answer to Line <110> is yes, do you have an existing §54.202 year plan" filed with the FCC?	a) "5 (yes / no )	0 0
<112>	If your answer to Line <111> is yes, then you are required to file a proreport, on line <112> delineating the status of your company's existing 54.202(a) "5 year plan" on file with the FCC, as it relates to your provious telephony service.  Attach Five-Year Service Quality Improvement Plan or, in subsequent your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1) CETC which only receives frozen support, your progress report is only required to address voice telephony service.	g § ision of years, If your company is a	
	Please check these boxes below to confirm that the attached PDF, or 112, contains a progress report on its five-year service quality improvplan pursuant to § 54.202(a). The information shall be submitted at the center level or census block as appropriate.	line ement	Jame of Attached Document (.pdf)
<113>	Maps detailing progress towards meeting plan targets		
<114>	Report how much universal service (USF) support was received		
<115>	How (USF) was used to improve service quality		
<116>	How (USF)was used to improve service coverage		
<117>	How (USF) was used to improve service capacity		
<118>	Provide an explanation of network improvement targets not met in the prior calendar year.		

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(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	411780				
<015>	Study Area Name	HAVILAND TEL CO				
<020>	Program Year	2014				
<030>	Contact Name - Person USAC should contact regarding this data	Lori Larsh				
<035>	Contact Telephone Number - Number of person identified in data lin	e <030> 620-862-3220				
<039>	Contact Email Address - Email Address of person identified in data line <030> llarsh@havilandtelco.com					

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d>&gt;</d>	<e></e>	<f></f>	<g></g>	<h></h>
NORS	0.1	0.1	0.4	O-t 5-4	N		O11 Facilities	Sanda Outra	Did This Outage		
Number	Date	Time	Date	Time	Customers Affected						Preventativ
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
						5.0 ranos =					
							d				
					Wo	rksheet					
		NORS Reference Outage Start	NORS Reference Outage Start Outage Start	NORS Reference Outage Start Outage Start Outage End	NORS Reference Outage Start Outage Start Outage End Outage End	NORS Reference Number  Outage Start Time  Outage End Date  Outage End Time  Outage End Time  Number of Customers Affected	NORS Reference Number Date Outage Start Time Date Outage End Date Time Outage End Total Number of Customers	NORS Reference Number  Outage Start Date  Outage Start Time  Outage End Date  Outage End Time  Outage End Time  Outage End Time  Outage End Time  Outage End Total Number of Customers  Affected (Yes / No)	NORS Reference Number  Outage Start Date  Date  Outage End Date  Outage End Date  Time  Outage End Total Number of Customers  Affected (Yes / No)  Service Outage Description (Check all that apply)  —— See attached	NORS Reference Number Date Date Outage Start Date Date Outage End Date Date Outage End Date Date Date Date Date Date Date Date	NORS Reference Number  Outage Start Date  Outage Start Time  Outage End Date  Outage End Date  Outage End Date  Outage End Date  Time  Outage End Date  Outage End Date  Outage End Date  Time  Outage End Date  Total Number of Customers  Outage End Customers  Outage End Total Number of Customers  Outage End Total Number of Customers  Outage End (Yes / No)  Did This Outage Affect Multiple Study Areas (Yes / No)  Resolution  Service Outage Resolution  Fee attached

	FCC Form 481				
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819				
	July 2013				

<010>	Study Area Code	411780
<015>	Study Area Name	HAVILAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person USAC should contact regarding this data	Lori Larsh
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-862-3220
<039>	Contact Email Address - Email Address of person identified in data line <030>	llarsh@havilandtelco.com

<701> Residential Local Service Charge Effective Date 1/1/2013 16.25 <702> Single State-wide Residential Local Service Charge

<703>

<a1></a1>	<a2></a2>	<a3></a3>	  Pata Tura	  Residential Local Service Rate	   <	   <	<b5> Mandatory Extended Area Service Charge</b5>	<c></c>
State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fe
				See att	ached worksheet			
		-			aorica workshoot			
_								
		<del>                                     </del>						

Page 4

(710) Broadband Price Offerings	FCC Form 481				
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819				
	July 2013				

Study Area Code	411780
Study Area Name	HAVILAND TEL CO
Program Year	2014
Contact Name - Person USAC should contact regarding this data	Lori Larsh
Contact Telephone Number - Number of person identified in data line <	030> 620-862-3220
Contact Email Address - Email Address of person identified in data line <	030> llarsh@havilandtelco.com
	Study Area Name Program Year

<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
		Se	e attached					
		work	sheet					
							40	

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	411780
<015>	Study Area Name	HAVILAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person	USAC should contact regarding this data Lori Larsh
<035>	Contact Telephone Num	ober - Number of person identified in data line <030> 620-862-3220
<039>	Contact Email Address -	Email Address of person identified in data line <030> llarsh@havilandtelco.com
<810>	Reporting Carrier	Haviland Telephone Company, Inc.
<811>	Holding Company	LICT Corporation
<812>	Operating Company	Haviland Telephone Comany, Inc.

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
-	BRETTON WOODS TELEPHONE COMPANY, INC.	120038	Bretton Woods, World Surfer
-	CASSADAGA TELEPHONE COMPANY	150076	Cassadaga, DFT, Netsync, DFT Communications
N-	DUNKIRK & FREDONIA TELEPHONE COMPANY	150091	Dunkirk & Fredonia Telephone, DFT, Netsync, DFT Communications
_	UPPER PENINSULA TELEPHONE COMPANY	310732	Michigan Broadband Services, UPTC, MCBC, Alphacomm.net
-	MICHIGAN CENTRAL BROADBAND COMPANY	310785	Michigan Broadband Services, MCBC, Alphacomm.net
-	BELMONT TELEPHONE COMPANY	330847	Belmont, LaGrant Connections, LLC
1. T	CUBA CITY TELEPHONE EXCHANGE COMPANY	330872	Cuba City, LaGrant Connections, LLC
-	CENTRAL SCOTT TELEPHONE COMPANY	351125	Central Scott
17 10	CST COMMUNICATIONS, INC.	359032	CST Communications, iWireless
W=	INTERCOMMUNITY TELEPHONE COMPANY	381616	InterCommunity
-	HAVILAND TELEPHONE COMPANY, INC.	411780	Haviland, Giant Communications, Inc.
_	J. B. N. TELEPHONE COMPANY, INC.	411785	J.B.N., Giant Communications, Inc.
_	WESTERN NEW MEXICO TELEPHONE COMPANY, INC.	492268	WNM Communications
-	CENTRAL UTAH TEL INC	502277	CentraCom Interactive
	SKYLINE TELECOM	502283	CentraCom Interactive
17	BEAR LAKE COMM	503032	CentraCom Interactive
1.	CAL-ORE TELEPHONE COMPANY	542311	Cal-Ore
	Giant Communications, Inc.		Giant
A-	Alpha Enterprises Limited, Inc.		Alphacomm.net
-	World Surfer, Inc.		World Surfer
_	Netsync Internet Services Corporation		Netsync
-	Valley Communications, Inc.		Valley
_	Central Telcom Services, LLC		CentraCom Interactive

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	411780
<015>	Study Area Name	HAVILAND TEL CO
<020>	Program Year	2014
<030>	Contact Name - Person I	JSAC should contact regarding this data Lori Larsh
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<039>	Contact Email Address -	Email Address of person identified in data line <030> llarsh@havilandtelco.com
<810>	Reporting Carrier	Haviland Telephone Company, Inc.
<811>	Holding Company	LICT Corporation
<812>	Operating Company	Haviland Telephone Comany, Inc.

<a1></a1>	<a2></a2>	<a3></a3>
Affiliates	SAC	Doing Business As Company or Brand Designation
LaGrant Connections, LLC		LaGrant Connections, LLC
WNM Communications Corporation		WNM Communications
Cal-Ore Communications, Inc.		Cal-Ore Communications

(900) Tribal Lands Reporting Data Collection Form			
<010>	Study Area Code	411780	
<015>	Study Area Name	HAVILAND TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Lori Larsh	
<035>	Contact Telephone Number - Number of person identified in data line	<030> 620-862-3220	
<039>	Contact Email Address - Email Address of person identified in data line	2 <030> llarsh@havilandtelco.com	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation  If your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, demonstrates coordination with the Tribal	Name of Attached Document	: (.pdf)
	government pursuant to § 54.313(a)(9) includes:	Select (Yes,No, NA)	
<921>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions;		
<922>	Feasibility and sustainability planning;		
<923>	Marketing services in a culturally sensitive manner;		
<924>	Compliance with Rights of way processes		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules		
10207	Compliance with Environmental Review processes		
Z927~			
<927>	Compliance with Cultural Preservation review processes		

A CONTRACTOR OF THE PARTY OF TH	o Terrestrial Backhaul Reporting lection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
<010>	Study Area Code	411780	
<015>	Study Area Name	HAVILAND TEL CO	
<020>	Program Year	2014	
<030>	Contact Name - Person USAC should contact regarding this data	Lori Larsh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-862-3220	
<039>	Contact Email Address - Email Address of person identified in data line <030:	llarsh@havilandtelco.com	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

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ifeline	erms and Condition for Lifeline Customers ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		411780	
<015>	Study Area Name		HAVILAND TEL CO	
<020>	Program Year		2014	
<030>	Contact Name - Person USAC should contact regarding this data		Lori Larsh	
<035>	Contact Telephone Number - Number of person identified in data l	ine <030	)> 620-862-3220	
<039>	Contact Email Address - Email Address of person identified in data	the Charles	SAN MANY TRANSPORT CONT. AND SO	
<1210> <1220>	Terms & Conditions of Voice Telephony Lifeline Plans  Link to Public Website	нттр	All780ks1210  Name of attached document (.pdf)  http://portal.havilandtelco.com/life	rline
	"Please check these boxes below to confirm that the attached PDF, on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:	SHEET CA		
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,	✓	1	
<1222>	Details on the number of minutes provided as part of the plan,	<b>√</b>	1	
<1223>	Additional charges for toll calls, and rates for each such plan.	<b>✓</b>	Ī	

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# **Haviland Telephone Company Lifeline Terms and Conditions**

The Lifeline Service Program (Lifeline), sponsored by the FCC is a program designed to maintain and preserve universal service by providing a reduction in the price of basic residential exchange service to qualifying low-income customers. The Company's voice lifeline plan includes unlimited local minutes-of-use within the toll-free calling area. The Company's voice lifeline plan does not include any free minutes-of-use for toll.

#### A. GENERAL

- 1. Lifeline is a federally funded reduction of basic local residential service. The Federal credit amount (CR) provided to Lifeline subscribers will be the maximum amount authorized by the FCC.
  - a. a. Lifeline customers will also receive additional Lifeline Service reductions in intrastate local service of \$7.77.
  - b. In no event shall the Local Exchange access service rate be reduced below zero.
- 2. Local service for Lifeline customers may not be disconnected for nonpayment of toll charges.
  - a. Toll Restriction Service will be provided to Lifeline customers at no charge.
  - b. Lifeline customers are not required to accept Toll Restriction Service as a condition to avoid disconnection of local service for non-payment of toll.
  - c. Lifeline customers are not required to pay a deposit in order to obtain local service if the customer voluntarily elects installation of Toll Restriction Service.
- 3. Partial payment from Lifeline customers will be applied first to local service charges and then to toll charges.
- 4. Lifeline customers will not be denied reestablishment of service on the basis that the customer was previously disconnected for non-payment of toll charges.
- 5. Lifeline will not be furnished on a Foreign Exchange service arrangement.

### **B. ELIGIBILITY REQUIREMENTS**

- 1. Lifeline will be provided for on (1) telephone line per household, at the customer's principal place of residence who have only on local exchange access line to his/her residential premises or dwelling place.\* Verification of this requirement will be through self-certification.
- 2. Show that he/she is currently a recipient of benefits from one of the following public assistance programs:
  - Federal Public Housing Assistance/Section 8
  - Low Income Home Energy Assistance Program (LIHEAP)
  - Supplemental Nutrition Assistance Program
  - General Assistance
  - Supplemental Security Income (SSI)
  - Temporary Assistance to Needy Families (TAR)
  - Medicaid
  - Food Distribution Program
  - Free School Lunch Program
  - Individuals living on tribal land receiving:
    - Food Distribution Program
    - Bureau of Indian Affairs General Assistance
    - Tribally administered Temporary Assistance for Needy Families (TANF)
    - Head Start (tribal programs for only those meeting it's income qualifying standard)
    - Tribally administered Free School Lunch Program
       Individuals choosing this option must obtain and provide to the Telephone Company a copy of a valid identification card or the appropriate documents that are issued to them by the agency administering the program.

# 3. Income Eligibility

A customer shall be eligible for the Lifeline Service Program if that customer's household annual income level is at or below 150% of the federal poverty level. Such customers may obtain a form from the Telephone Company suitable for self-certification of income level and provide the completed form to the Company to begin service under the program. Proof of income is required. Acceptable documentation may include the prior years federal, state, or tribal tax return, or other forms of income certification. Customers should contact the Company for specific details.

4. Certification

The customer will certify eligibility for Lifeline Service. Recertification is required annually or at any

time the qualifying criteria for the customer changes.

Recipients of Lifeline Service must notify the Telephone Company when they no longer qualify for Lifeline Service. Upon receipt of the notification, the Telephone Company will discontinue Lifeline Service.

If the Telephone Company discovers that conditions exist that disqualify the recipient of Lifeline Service, local service will be billed at the full rate. The customer will be billed retroactively either to the date Lifeline Service commenced or the date the recipient no longer qualified for the service, not to exceed twelve (12) months.

\*A residential premises or dwelling place is that location where a customer resides, even if such residential premises or dwelling place is only a single room. Lifeline will not be provided if the customer has access to other local exchange telephone service within the residential premises or dwelling place, provided/owned by himself/herself or owned/provided by others. However, it can be determined by the Telephone Company that access to other existing local exchange telephone service owned/provided by others is virtually denied, or is inaccessible to the customer, then Lifeline Service will be provided.

(2000) Price Cap Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including Rate-of-Return Carriers affiliated with Price	Cap Local Exchange Carriers	July 2013
<010> Study Area Code	411780	

Study Area Code	411/80
Study Area Name	HAVILAND TEL CO
Program Year	2014
Contact Name - Person USAC should contact regarding this data	Lori Larsh
Contact Telephone Number - Number of person identified in data line <03	0> 620-862-3220
Contact Email Address - Email Address of person identified in data line <03	0> llarsh@havilandtelco.com
	Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <03

CHECK the boxes below to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e) the information reported on this form and in the documents attached below is accurate.

	Incremental Connect America Phase I reporting		
<2010>	2nd Year Certification {47 CFR § 54.313(b)(1)}		
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}		
	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}		
<2012>	2013 Frozen Support Certification		
<2013>	2014 Frozen Support Certification		
<2014>	2015 Frozen Support Certification		
<2015>	2016 and future Frozen Support Certification		
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}		_
<2016>	Certification Support Used to Build Broadband		
	Connect America Phase II Reporting {47 CFR § 54.313(e)}		
<2017>	3rd year Broadband Service Certification		
<2018>	5th year Broadband Service Certification		
<2019>	Interim Progress Certification		
<2020>	Please check the box to confirm that the attached PDF, on line 2021,		
	contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient		
	of CAF Phase II support shall provide the number, names, and addresses of		
	community anchor institutions to which began providing access to broadband		
	service in the preceding calendar year.		
<2021>	Interim Progress Community Anchor Institutions	Name of Attached Document Listing Required Information	

	ate Of Return Carrier Additional Documentation		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013
- <010>	Study Area Code 411780		
<015>	Study Area Name HAVILAND	TEL CO	
<020>	Program Year 2014	THE CO	
<030>		ri Larsh	
<035>	Contact Telephone Number - Number of person identified in data line <030>	620-862-3220	
<039>	Contact Email Address - Email Address of person identified in data line <030>	llarsh@havilandtelco.com	
CHECK t	he boxes below to note compliance on its five year service quality plan (pursua CFR § 54.313(f)(2). I further certify that (	ant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring the information reported on this form and in the documents attac	
	Progress Report on 5 Year Plan		
(3010)	$\label{eq:milestone} Milestone Certification \mbox{ (47 CFR § 54.313{f})(1)(i))} Please check this box to confirm that the attached PDF , on line 3012,$	Name of Attached Document Listing Required Information	
(3011)	contains the required information pursuant to § 54.313 (f)(1)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.		
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(ii))	Name of Attached Document Listing Required Information	
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))		(Yes/No)
(3014)	If yes, does your company file the RUS annual report		(Yes/No)
	Please check these boxes to confirm that the attached PDF, on line 3017,		
	contains the required information pursuant to § 54.313(f)(2) compliance		
	requires:		
(3015)	Electronic copy of their annual RUS reports (Operating Report for		
	Telecommunications Borrowers)		
(3016)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
	If the response is yes on line 3014, attach your company's RUS annual		
(3017)	report and all required documentation	Name of Attached Document Listing Required Information	
(3018)	If the response is no on line 3014, Is your company audited?	0 1	(Yes/No)
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to $\S$ 54.313( $\S$ (2), contains		_
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications		
(3020)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		므
(3021)	Management letter issued by the independent certified public accountant that performed the company's financial audit.		
	If the response is no on line 3018, please check the boxes below		
	to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),		
	contains:		
	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a		
(3022)	format comparable to RUS Operating Report for Telecommunications		
	Borrowers,		
(2022)	Underlying information subjected to a review by an independent certified		
(3023)	public accountant		
(3024)	Underlying information subjected to an officer certification.		
(3025)	PDF of Balance Sheet, Income Statement and Statement of Cash Flows		
		Name of Attached Designant Lists - Designat Lists	
(3026)	Attach the worksheet listing required information	Name of Attached Document Listing Required Information	

Certification - Reporting Carrier Data Collection Form		ier	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	411780		
<015>	Study Area Name	HAVILAND TEL CO		
<020>	Program Year	2014		
<030>	Contact Name - Person USAC should contact regarding this data Lori Larsh			
<035>	Contact Telephone Number - Number of person identified in data line <030> 620-862-3220			
<039>	Contact Email Addre	ss - Email Address of person identified in data line <030> llarsh@haviland	telco.com	

### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.					
Signature of Authorized Officer: CERTIFIED ONLINE	Date				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier: 411780	Filing Due Date for this form: 10/15/2013				

Certification - Agent / Carrier Data Collection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-08 July 2013	
<010>	Study Area Code	411780		
<015>	Study Area Name	HAVILAND TEL CO		
<020>	Program Year	2014		
<030>	Contact Name - Person US	AC should contact regarding this data Lori Larsh		

### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

<035> Contact Telephone Number - Number of person identified in data line <030> 620-862-3220

<039> Contact Email Address - Email Address of person identified in data line <030> llarsh@havilandtelco.com

is authorized to submit the information reported on behalf of the reporting carrier.  also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier: HAVILAND TEL CO					
Signature of Authorized Officer: CERTIFIED ONLINE	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier: 411780	Filing Due Date for this form: 10/15/2013				

### TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier  I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.						
Name of Authorized Agent or Employee of Agent:						
Signature of Authorized Agent or Employee of Agent: CERT	TIED ONLINE Date:					
Printed name of Authorized Agent or Employee of Agent:						
Title or position of Authorized Agent or Employee of Agent						
Telephone number of Authorized Agent or Employee of Agent:						
Study Area Code of Reporting Carrier: 411780	Filing Due Date for this form: 10/15/2013					

Attachments